

Section 2



General Background and Description of State Approach to Child Health

Section 2. General Background and Description of State Approach to Child Health Coverage and Coordination (Section 2102 (a)(1)-(3)) and (Section 2105)(c)(7)(A)-(B))

2.1. Describe the extent to which, and manner in which, children in the state including targeted low-income children and other classes of children, by income level and other relevant factors, such as race and ethnicity and geographic location, currently have creditable health coverage (as defined in 42 CFR 457.10). To the extent feasible, make a distinction between creditable coverage under public health insurance programs and public-private partnerships (See Section 10 for annual report requirements). (42 CFR 457.80(a))

When the KidsCare program was implemented, AHCCCS used the CPS methodology described in Attachment B. Since March 2000, AHCCCS has opted to use the CPS methodology to describe the manner and extent to which the children in the state targeted the low-income children and other classes of children, by income level and other relevant factors to make a distinction between creditable coverage under public health insurance programs and public private partnerships.

2.2. Describe the current state efforts to provide or obtain creditable health coverage for uncovered children by addressing: (Section 2102)(a)(2) (42CFR 457.80(b))

2.2.1. The steps the state is currently taking to identify and enroll all uncovered children who are eligible to participate in public health insurance programs (i.e. Medicaid and state-only child health insurance):

The state is taking a number of steps to identify and enroll children who are eligible for public health insurance programs. The following describes these programs.

MEDICAID HEALTH INSURANCE

Arizona has several on-going major public efforts aimed at identifying, referring, and enrolling children in public insurance programs. Arizona currently has a an amendment to our 1115 Waiver enabling the state to cover persons up to 100% of the FPL, a HIFA Waiver for parents, and numerous public health programs that provide health care services to children.

Formal referral processes are in place between governmental and community agencies which aid in the identification, referral and enrollment of uninsured children in the appropriate program. For example, by state law, children and pregnant women must be screened for Medicaid eligibility before applying for state-funded public programs or private programs. Coordination efforts have become even more critical since the implementation of KidsCare in November 1998.

As of May 1, 2002, AHCCCS health plans provided Medicaid services to 680,716 acute care Medicaid members and 34,334 long term care members enrolled in the Arizona Long Term Care System. Acute care members are individuals who enrolled with the AHCCCS health plans but not eligible for the Arizona Long Term Care System. Included in the acute care population are 73,713 Native Americans who elected to receive Medicaid services from the IHS. Arizona currently serves 371,267 children under the age of 19 through Medicaid. As of May 1, 2002, 48,212 children were enrolled in KidsCare.

The state has several agencies who perform eligibility functions. The Arizona Department of Economic Security (DES) processes applications and determines eligibility for Medicaid groups, except the SSI Cash, SSI-Medical Assistance Only (MAO) groups, the Medicare cost sharing programs, and ALTCS. For SSI-Cash, the Social Security Administration performs the eligibility determinations. AHCCCS performs eligibility for SSI-MAO, the Medicare cost sharing programs, and ALTCS. As mentioned in Section 1.1.3, AHCCCS determines KidsCare eligibility.

EFFORTS TO IDENTIFY AND ENROLL CHILDREN IN PUBLIC INSURANCE PROGRAMS

In addition to Medicaid, Arizona has five public initiatives which identify and help enroll children in programs that serve children. AHCCCS coordinates with these programs and initiatives to ensure that children who do not qualify for KidsCare are referred to other public and private programs.

Outstationed Eligibility Workers

Arizona has outstationed eligibility workers at some of the 14 Federally Qualified Health Centers (FQHCs), in hospitals which serve a disproportionate number of low income persons, and at five Arizona Department of Juvenile Corrections locations. At these outstationed sites, a person applying for Medicaid is assisted by an eligibility worker who submits a completed application to the appropriate eligibility office.

Community Health Centers

Arizona has 32 community health centers that offer a wide range of health care services based on a sliding fee scale. Community health centers provide primary care services, including care for acute and chronic illnesses, injuries, family planning and prenatal care, emergency care and diagnostic services.

Maternal and Child Health Block Grant

Maternal and Child Health Block Grant funds are administered by the Arizona Department of Health Services (ADHS). This department funds, monitors and

evaluates a variety of statewide community-based programs, which provide education and assistance for enrollment in public health insurance programs. These programs include: Healthy Start, High Risk Perinatal Programs, Pregnancy and Breast Feeding Hotline, Children's Information Center, Reproductive Health, County Block Grant and Children's Rehabilitative Services.

Children's Rehabilitative Services

Funded by a Title V block grant, the ADHS/Children's Rehabilitative Services (CRS) provides health care services to children with special health needs. Additionally, Medicaid eligible children receive services through CRS and AHCCCS reimburses ADHS with Medicaid funds for covered services provided by the program. A DES Family Assistance eligibility worker is located at each CRS site and field clinic to process applications for public assistance programs.

Indian Health Services (IHS) and Tribal Entities

There are three IHS Area Offices in Arizona: Phoenix, Tucson and Navajo. Each area office has a designated service delivery area in which IHS Service Units and health centers provide health care services to Native Americans, including those who are AHCCCS members.

There are three urban Indian Health Centers in Arizona. Each has a unique relationship with the IHS and receives an allotment from the IHS federal appropriation to provide health care services to Native Americans residing in Phoenix, Tucson and Flagstaff.

Tribal governments have established healthcare programs for tribal members. In general, the majority of these services are behavioral health services and/or alcohol and substance abuse programs.

The Gila River Indian Community has opted to contract for the delivery of health care from the Phoenix Area IHS through the P.L. 93-638 contracting process. The Gila River Health Care Corporation is the tribal governing body which oversees the operation of the HuHuKam Memorial Hospital which is located on the Gila River reservation. The hospital provides primary health care services to tribal members and also operates an outpatient clinic on weekdays with scheduled appointments.

In addition, the Gila River Indian Community Department of Health, operates a Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT) program through an intergovernmental agreement with AHCCCS. This tribal program ensures that children receive the services required under the EPSDT program.

AHCCCS continues to look at ways of increasing enrollment of Native American families in both reservations and urban communities. The *KidsCare News* is a newsletter that provides information of special interest to the tribal communities. The AHCCCS Native American Coordinator is a key link between AHCCCS and the tribal community promoting communication and education to the members.

2.2.2. The steps the state is currently taking to identify and enroll all uncovered children who are eligible to participate in health insurance programs that involve a public-private partnership:

STATE FUNDED PROGRAM

Unlike some states, Arizona does not have public-private partnerships with insurers which offer child health insurance products. In 2002, the legislature authorized 100% state-funding for the working poor, with income up to 200 percent of FPL. Persons who are chronically ill as defined in rule, may have household income up to 400 percent of the FPL.

2.3. Describe the procedures the state uses to accomplish coordination of SCHIP with other public and private health insurance programs, sources of health benefits coverage for children, and relevant child health programs, such as title V, that provide health care services for low-income children to increase the number of children with creditable health coverage. (Previously 4.4.5.)
(Section 2102)(a)(3) and 2102(c)(2) and 2102(b)(3)(E)) (42CFR 457.80(c))

Additional efforts by AHCCCS include the partnership with the Department of Education (DOE) to provide information to families about KidsCare through the Child Nutrition Program (school lunch program). Due to the success of this partnership, AHCCCS plans to explore other methods to reach children through the schools.

AHCCCS has also partnered with small businesses and minority business companies in the community to disseminate information about the SCHIP Program.

AHCCCS has developed and implemented a universal application (*Application for AHCCCS Health Insurance*) to simplify the referral and eligibility processes for individuals and families when applying for SCHIP, Medicaid and state-funded programs. Users of this application include the general public, eligibility staff, hospitals, advocacy groups, community organizations and agencies. This application is also available on the Internet.

AHCCCS is partnering with a group of community health centers to demonstrate a web based eligibility application. Health-e-Arizona is a partnership between the Community Health Centers Collaborative Ventures, Inc. (CHCCV), AHCCCS and the Department of Economic Security (DES). Effective June 17, 2002, Health-e-Arizona is being

piloted at El Rio Health Center. After a test period, Health-e-Arizona will be piloted at 7 CHCCV member organizations in 35 sites statewide. Deloitte Consulting, (who developed Health-e-App for the California HealthCare Foundation), worked with CHCCV, AHCCCS and DES to modify the application to meet Arizona's requirements. Health-e-Arizona enables clinic workers to screen for Title XIX and Title XXI eligibility. Clinic workers will send completed applications, documentation and signatures electronically to AHCCCS and DES. This project was funded by CHCCV without Title XIX, Title XXI or state funds.